



Application A

**Utah Department of Workforce Services (DWS)
APPLICATION TO PROVIDE OCCUPATIONAL SKILLS TRAINING SERVICES
Title IV Post Secondary Schools**

| | |
|---|---|
| School Name | |
| Street | |
| City | |
| State | |
| Zip Code | |
| If mailing address differs from the training location, please provide that address: | |
| Contact Name | |
| Contact Phone Number | |
| Contact Fax Number | |
| Contact E-mail | |
| Toll Free Number | |
| Web Address | |
| | If you answer no to the following 3 questions, this is not the correct application to complete. Please review the other applications to determine which one best matches your school. |
| Are you eligible to receive federal funds under the Title IV Higher Education Act of 1965? | NO / YES (if yes, please provide documentation) |
| Do you provide a program that leads to an associate or bachelor's degree or a certificate? | NO / YES |
| Do you provide programs under the National Apprenticeship Act? | NO / YES (if yes, please provide documentation) |
| | |
| For electronic payment through a point of sale/credit card machine, please list your Merchant Number/Acceptor ID Code for: | Registrar's Office/Tuition Payments: |
| If you do not have a credit card machine, please complete the Form FI-16V (last page of application) with the direct deposit account information for your school. | |



Application A

By signing this application, you are agreeing that your school will:

- ☐ Provide DWS students with progress and attendance reports upon request.
- ☐ Notify DWS of any changes including addition or deletion of courses, programs or locations, changes in program cost, accreditation, approval, certification and/or license and relocation or change of ownership. Depending on the change, it may require a new application approval process.
- ☐ Provide services in a professional and timely manner.
- ☐ Have an adequate facility that abides with ADA guidelines.
- ☐ Abide by the DWS Equal Opportunity Clause:
 - Section 188 of the Workforce Investment Act of 1998 (WIA), which prohibits discrimination against all individuals in the United States on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief, and against beneficiaries on the basis of either citizenship/status as a lawfully admitted immigrant authorized to work in the United States or participation in any WIA Title I – financially assisted program or activity:
 - Title VII of the Civil Rights Act of 1964, as amended, which prohibits discrimination on the basis of race, color, and national origin;
 - Section 504 of the Rehabilitation Act of 1973, as amended, which prohibits discrimination against qualified individuals with disabilities;
 - The Age Discrimination Act of 1975, as amended, which prohibits discrimination on the basis of age;
 - And Title IX of the Education Amendments of 1972, as amended which prohibits discrimination on the basis of sex in education programs.
- ☐ Not recruit on DWS premises without DWS Employment Center Manager's approval.
- ☐ Not rely solely on funds from DWS to remain in business.
- ☐ Not use your organization or corporate names and logos, or pass out materials identifying yourself to the media, to business or other organizations/associations, or to individuals, in the context of conducting any DWS operations or contracted services.

I certify that the information contained herein is complete and accurate to the best of my knowledge, and is furnished for the purpose of obtaining DWS approval to offer services in the State of Utah, and in conformity with the standards set forth by the State of Utah.

Should circumstances result in any modifications of the content, I will advise DWS. I understand that failure to abide by the rules may result in a further review of services and possible termination of application status or approval of services.

Printed Name

Signature

Date

Mail the completed application to:
Attn: Kathleen Johnson
Department of Workforce Services – OSD
140 E 300 S
Salt Lake City UT 84111



Direct Deposit Authorization Form for Electronic Funds Transfers (EFT) for Vendors

Payee Information

| | | | | |
|--------------------------------|------|-------------|------------|--|
| Name of Business or Individual | | Vendor Code | SSN or EIN | |
| Street Address | City | State | Zip Code | |

Option 1

Attach a voided check and sign the *Authorization for Setup* below. (A photocopy of a voided check will not be accepted). Do not attach a deposit slip since deposit slips do not contain sufficient information for processing.

Option 2

Provide financial institution and account information on this form and sign the *Authorization for Setup* below.

Financial Institution

| | | | | |
|-----------------------------------|----------------|------------------|-------|----------|
| Financial Institution Name | | City | State | Zip Code |
| Routing Transit Number (9 DIGITS) | Account Number | Type of Account | | |
| | | Checking Savings | | |

Authorization for Setup

I hereby authorize the State of Utah ("the State") to initiate credit entries to the account number listed above ("this account"). I further authorize the State to correct credit entries made in error to this account. I agree that this AUTHORIZATION FOR SETUP is to remain in full force and effect until the State has received written notification from me of its termination, in such time and manner as to afford the State and the Financial Institution a reasonable opportunity to act upon my notification. I recognize that if I fail to provide complete or accurate information on the above DIRECT DEPOSIT AUTHORIZATION FORM FOR ELECTRONIC FUNDS TRANSFERS (EFT) FOR VENDORS ("this form"), the processing of this form may be delayed and/or my payments may be erroneously transferred. In the event that funds are erroneously transferred due to my failure to provide complete or accurate information on this form, I hereby hold the State harmless for the recovery of such erroneous transfers, not withstanding any reasonable attempts made by the State to correct such errors.

I, the undersigned certify that I am authorized to provide the above information and the information is true and correct.

| | | | |
|----------------------|---------------|----------------------------------|----------------------------|
| Authorized Signature | Printed Name | Title | |
| Date (mm/dd/yyyy) | Email Address | Telephone Number (xxxxxxxxxx) | Fax Number (xxxxxxxxxx) |



Vendor Number Application/Update (Substitute W-9 Certification)

Ownership Type that Applies to You or Your Business (Select one and supply a SSN or EIN as applicable)

- | | |
|--|--|
| <input type="radio"/> Individual SSN _____ | <input type="radio"/> Governmental Entity EIN _____ |
| <input type="radio"/> Sole Proprietorship (Includes one-member Limited Liability Companies) <input type="radio"/> SSN <input type="radio"/> EIN _____ | <input type="radio"/> Nonprofit Corporation EIN _____ |
| <input type="radio"/> Partnership (Includes Limited Liability Companies with two or more member) EIN _____ | <input type="radio"/> Trust EIN _____ |
| <input type="radio"/> Corporation (Professional Corporation, S-Corp, etc.) EIN _____ | <input type="radio"/> Other _____ (Be specific) EIN _____ |

Type of Business (Select Yes or No as applicable)

Does your business provide Medical Services? ☐ Yes ☐ No

Does your business provide Legal Services? ☐ Yes ☐ No

Name

Name as reported to IRS (for individuals & sole proprietors this should be the name of the individual) _____

Business Name, Trade Name or DBA (if different then above) _____

Address for Payments

Street Address

City

State

Zip Code

NOTE: If you prefer to receive payments as Electronic Funds Transfers (EFT) to your bank account, complete an FI 16V - Direct Deposit Authorization for Electronic Funds Transfers (EFT) for Vendors. This form is available at <http://efinance.state.ut.us/evendor>.

Certification

IRS regulations state that if you fail to provide the correct *Social Security Number* or *Employer Identification Number* requested above, you may be subject to a penalty. If you willfully provide false information you may be subject to criminal penalties including fines and/or imprisonment.

I, the undersigned certify that I am authorized to provide the above information and the information is true and correct.

Authorized Signature

Printed Name

Title

Date

Email Address

Telephone Number

Fax Number

Return to: _____
Department of Workforce Services

or

Fax to: _____

Telephone: _____